



2615
Attorney Docket No.: 0190126

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Tay, Hiok-Nam**

Serial No.: 09/680,041

Filed: October 5, 2000

For: **One Time Programmable Solid-State Device**

Art Unit: 2615

Examiner: Aggarwal, Yogesh K.

RECEIVED

JUN 22 2004

Technology Center 2600

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

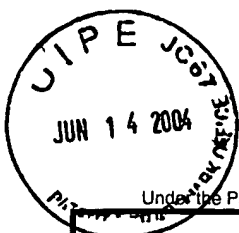
Dear Sir/Madam:

This is in response to the Non-Final Office Action dated March 26, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

06/16/2004 CNGUYEN 00000128 09680041

01 FC:1202

108.00 OP



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/680,041	RECEIVED JUN 22 2004 Technology Center 2600
	Filing Date	10/5/2000	
	First Named Inventor	Hiok-Nam Tay	
	Art Unit	2615	
	Examiner Name	Yogesh K. Aggarwal	
Total Number of Pages in This Submission	23	Attorney Docket Number	0190126

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Amendment Cover Sheet (2 pages) 2. Credit Card Payment Form 3. Post card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Breton G. Graham, Esq., Reg. No. 48,149 Farjani & Farjani LLP
Signature	
Date	June 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Lesley Lam		
Signature		Date	June 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Attorney Docket No.: 0190126

AMENDMENT COVER SHEETIN RE APPLICATION OF: Tay, Hiok-NamSERIAL NO.: 09/680,041 FILED: October 5, 2000FOR: One Time Programmable Solid-State Device**RECEIVED**HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

JUN 2 2 2004

Technology Center 2600

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	65	MINUS **59	* = 6	x 18	x 9	\$ 108.00
INDEPENDENT	6	MINUS ***6	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 108.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.



Attorney Docket No.: 0190126

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☒ Enclosed is the total fee of \$ 108.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/8/04

By: Breton G. Graham
Breton G. Graham, Reg. No. 48,149

RECEIVED

JUN 2 2 2004

Technology Center 2600

Breton G. Graham
Farjani & Farjani LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92618
(949) 282-1000 (Tel)
(949) 282-1002 (Fax)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

6/8/2004
Date

Lesley L. Lam
Signature

LESLEY L. LAM
Typed or Printed Name of Person Mailing Paper and/or Fee